Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	02/07/2014	Address:	715 KAHL STREET
Incident #:	14ISPC001024		PALMYRA, IN
County:	HARRISON		47164
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Residence Outbuilding Vehicle	Hotel/Motel Open – No Structure Other:
(check all that	: Location (bedroom, kitchen, open air, e apply) r Birch Reaction(s):	etc)	
Red Phosphorous/Iodine Reaction(s):			
☐ Hydrochloric Acid Gas Generator(s): DETACHED GARAGE			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid: <u>DETACHED GARAGE</u>			
Corrosive Base: <u>DETACHED GARAGE</u>			
Other (item and location):			
Vehicle Info	rmation:		
Owner: VIN: Year:		Make: Model:	
☐ Yes ☑ No	age 18 discovered (check appropriate) (number present) not present but evidence they reside	unclean	tions of home: clean disarray ngth of time manufacturing had been formation:
This report l	nas been faxed* or emailed to the fol	lowing agencies tha	nt serve the location:
Fire Department City, Township or County Palmyra VFD Health Department County: Harrison Co Department of Child Services Hotline: deshotlinereports@des.in.gov Fax: 317-234-7595 or 317-234-7596			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>KATRINA SMITH</u> Phone <u>812-246-5424</u>			

^{*}This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.